

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only  
Rec'd

AUG 15 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6309</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Chris</u> <u>E</u> <u>Andersen</u> P.O. Box, Bldg., Room No., if any Street <u>725 Jody Lane</u> City <u>Hoffman Estates</u> State <u>Illinois</u> ZIP Code + 4 <u>60194</u>	4. Name, file number, and address of labor organization. Name <u>SEIU Local 1</u> Labor Organization File Number <u>023715</u> P.O. Box, Building and Room Number, if any <u>2500</u> Street <u>111 E. Wacker Drive</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60601</u>
5. Position in labor organization. <u>Secretary-Treasurer, Chief of Staff</u>	

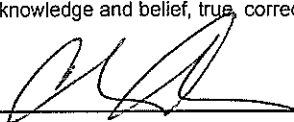
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Kimco Corporation</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>7300 W. Montrose</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60706</u>	7.a. Nature of Interest, Transaction, or Income. <u>One round of golf</u> 7.b. Amount. <u>\$85</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

08/10/2005

Date

312 233 8701

Telephone Number

Name of Person Filing Chris Andersen

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Blue Cross/Blue Shield

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 300 E. Randolph Street

City Chicago

State Illinois

ZIP Code + 4 60601

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 25 Health &amp; Welfare &amp; Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 2500

Street 111 E. Wacker Drive

City Chicago

State Illinois

ZIP Code + 4 60601

## 11.a. Nature of such dealing.

Labor golf outing  
1 luncheon

## 11.b. Approximate dollar value of such dealing.

\$246

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Chicago Equity Partners

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 180 N. LaSalle Street

City Chicago

State Illinois

ZIP Code + 4

## 14.a. Nature of payment.

1 Cubs ticket

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

## 14.b. Amount of payment.

\$125

Name of Person Filing Chris Andersen

File Number U-

## Part B Continuation Page

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## 8. Name and address of Business (including trade name, if any).

Name Associated Third Party Administrators

Trade Name, if any: ATPA

P.O. Box, Bldg., Room No., if any

Street 1640 S. Loop Road

City Alameda

State California

ZIP Code + 4 94502

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local 1 Health &amp; Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 2000

Street 30 N. LaSalle Street

City Chicago

State Illinois

ZIP Code + 4 60602

## 11.a. Nature of such dealing.

4 golf outings  
3 lunches

## 11.b. Approximate dollar value of such dealing.

\$605

## 12.a. Nature of interest held or income received.

## 12.b. Amount.

Name of Person Filing **Chris Andersen**File Number **U-****Part B Continuation Page**

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**8. Name and address of Business (including trade name, if any).**Name **Amalgamated Bank & Trust**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1 W. Monroe Street**City **Chicago**State **Illinois** ZIP Code + 4 **60603****9. Business deals with:**☐ a. Labor Organization☒ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

**11.a. Nature of such dealing.**

1 round of golf  
4 White Sox tickets  
1 calendar  
1 diary

**11.b. Approximate dollar value of such dealing.****\$572****12.a. Nature of interest held or income received.****12.b. Amount.**

Name of Person Filing **Chris Andersen**File Number **U-****Part B Continuation Page**

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**8. Name and address of Business (including trade name, if any).**Name **Marco Consulting, Inc.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **550 W. Washington**City **Chicago**State **Illinois**ZIP Code + 4 **60661****9. Business deals with:**☐ a. Labor Organization☒ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **Local 1 Health & Welfare & Pension Fund**Trade Name, if any: **ATPA**P.O. Box, Bldg., Room No., if any **2000**Street **30 N. LaSalle Street**City **Chicago**State **Illinois**ZIP Code + 4 **60602****11.a. Nature of such dealing.****1 round of golf and dinner****11.b. Approximate dollar value of such dealing.****\$125****12.a. Nature of interest held or income received.****12.b. Amount.**

Name of Person Filing **Chris Andersen**File Number **U-****Part B Continuation Page**

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**8. Name and address of Business (including trade name, if any).**Name **Chicago Asset Management**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **70 W. Madison Street**City **Chicago**State **Illinois**ZIP Code + 4 **60602****9. Business deals with:**☐ a. Labor Organization☒ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **Local 1 Health & Welfare & Pension Fund**Trade Name, if any: **ATPA**P.O. Box, Bldg., Room No., if any **2000**Street **30 N. LaSalle Street**City **Chicago**State **Illinois**ZIP Code + 4 **60602****11.a. Nature of such dealing.****1 round of golf****11.b. Approximate dollar value of such dealing.****\$125****12.a. Nature of interest held or income received.****12.b. Amount.**

Name of Person Filing **Chris Andersen**File Number **U-****Part B Continuation Page**

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**8. Name and address of Business (including trade name, if any).**Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 **9. Business deals with:**☐ a. Labor Organization☐ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 **11.a. Nature of such dealing.**

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**11.b. Approximate dollar value of such dealing.****12.a. Nature of interest held or income received.**

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**12.b. Amount.**

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Name of Person Filing **Chris Andersen**File Number **U-****Part B Continuation Page**

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**8. Name and address of Business (including trade name, if any).**Name **National Investment Services**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **737 N. Michigan Avenue**City **Chicago**State **Illinois**ZIP Code + 4 **60611****9. Business deals with:**☐ a. Labor Organization☒ b. Trust☐ c. Employer**10. If 9.b. or 9.c. is checked give trust or employer's name.**Name **Local 1 Health & Welfare & Pension Fund**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **2000**Street **30 N. LaSalle Street**City **Chicago**State **Illinois**ZIP Code + 4 **60602****11.a. Nature of such dealing.****1 round of golf****11.b. Approximate dollar value of such dealing.****\$150****12.a. Nature of interest held or income received.****12.b. Amount.**





August 10, 2005

US Department of Labor  
Office of Labor – Management Standards  
Washington, DC 20210

To Whom It May Concern:

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period January 1, 2004 through December 31, 2004. Accurate records of reportable occurrences were not maintained for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it come to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

Thank you,

Chris Andersen